Sylvan Township

18027 Old US 12 Chelsea, MI 48118

Application for Immediate Consideration When Vacancy is Available Must be Returned to the Clerks' Office 7 Days Before the Next Regular Board Meeting

BOARD OR COMMISSION DECLARATION OF INTEREST

Zoning Board of

Date:

Board of Review

Please circle one or more:

Planning Commission

Арр	peals		
Sylvan Township Sewer			
and Water Authority Libr	ary Board		
CONTACT INFORMATION – Please Print			
Name:	Address:		
Phone	<u> </u>	-	
		Cell	
Email Address: Home			
Education Background			
Please include highest grade completed or any degrees held			
Employment Background			
Include Current or Last Place of Employment and Type of Work Performed			
Give Reasons You Are Interested			
References			
		continued	

After Completing this Form Return it to Amanda Nimke, Clerk: animke@sylvantownshipmi.gov; via USPS mail; or place in		
blue drop box near flagpole, or email kkennedy@sylvantownshipmi.gov		
Applicable Prior Experience		
	REVISED DATE:	